

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 00-4028

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD AND APPARATUS FOR ELIMINATING UNWANTED TELEPHONE CALLS

the specification of which [X] is attached hereto. [ ] was filed on

as Appln. Serial No.

And was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Month/Year filed)

[ ] Yes [ ] No

I hereby claim the benefit under Title 35, United States Code, 119(e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date for this application:

(Appln. Serial No.)

(Filing Date)

(Status—patented, pending, abandoned)

00-4028-0000

Docket No. 00-4028

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**Leonard C. Suchyta, Reg. No. 25,707 and James K. Weixel Reg. No. 44,399**

Address all telephone calls to James K. Weixel At telephone no. (781) 466-2220

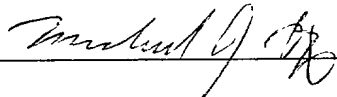
Address all correspondence to Leonard C. Suchyta  
Verizon Services Group  
600 Hidden Ridge Road, HQE03H01  
Irving, TX 75038

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR

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Inventor's signature



Date

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Date

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T 0 6 3 0 4 3 0 T 2 8 6 0



Post Office Address **54 Walnut Hill Drive, Penfield, NY 14526-9542**

1. Demographic characteristics	
Age (mean)	50.0
Gender (male/female)	10/10
Education (mean)	12.5
Occupation (mean)	1.5
Marital status (married/divorced)	10/0
Religion (Christian/Jewish)	10/0
Health status (good/poor)	10/0
Smoking status (smoker/non-smoker)	5/5
Alcohol consumption (yes/no)	5/5
Exercise frequency (times/week)	1.0
Stress level (low/high)	5/5
Family size (mean)	2.5
Income level (mean)	1.5
Health insurance (yes/no)	10/0
Previous medical history (yes/no)	5/5
Current medications (yes/no)	5/5
Comorbidities (yes/no)	5/5
Genetic predisposition (yes/no)	5/5
Environmental factors (yes/no)	5/5
Lifestyle changes (yes/no)	5/5
Support system (yes/no)	5/5
Healthcare access (yes/no)	5/5
Healthcare costs (mean)	1.5
Healthcare quality (mean)	1.5
Healthcare satisfaction (mean)	1.5
Healthcare utilization (mean)	1.5
Healthcare outcomes (mean)	1.5
Healthcare equity (mean)	1.5
Healthcare transparency (mean)	1.5
Healthcare accountability (mean)	1.5
Healthcare innovation (mean)	1.5
Healthcare sustainability (mean)	1.5
Healthcare resilience (mean)	1.5
Healthcare adaptability (mean)	1.5
Healthcare inclusivity (mean)	1.5
Healthcare accessibility (mean)	1.5
Healthcare affordability (mean)	1.5
Healthcare effectiveness (mean)	1.5
Healthcare efficiency (mean)	1.5
Healthcare safety (mean)	1.5
Healthcare quality of care (mean)	1.5
Healthcare patient experience (mean)	1.5
Healthcare provider satisfaction (mean)	1.5
Healthcare system performance (mean)	1.5
Healthcare industry trends (mean)	1.5
Healthcare policy impact (mean)	1.5
Healthcare research findings (mean)	1.5
Healthcare best practices (mean)	1.5
Healthcare future outlook (mean)	1.5
Healthcare challenges (mean)	1.5
Healthcare opportunities (mean)	1.5
Healthcare solutions (mean)	1.5
Healthcare innovations (mean)	1.5
Healthcare technologies (mean)	1.5
Healthcare digital health (mean)	1.5
Healthcare telemedicine (mean)	1.5
Healthcare artificial intelligence (mean)	1.5
Healthcare blockchain (mean)	1.5
Healthcare cybersecurity (mean)	1.5
Healthcare data privacy (mean)	1.5
Healthcare ethics (mean)	1.5
Healthcare law (mean)	1.5
Healthcare regulation (mean)	1.5
Healthcare standards (mean)	1.5
Healthcare accreditation (mean)	1.5
Healthcare certification (mean)	1.5
Healthcare licensure (mean)	1.5
Healthcare credentialing (mean)	1.5
Healthcare privileging (mean)	1.5
Healthcare monitoring (mean)	1.5
Healthcare evaluation (mean)	1.5
Healthcare improvement (mean)	1.5
Healthcare innovation (mean)	1.5
Healthcare sustainability (mean)	1.5
Healthcare resilience (mean)	1.5
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Healthcare law (mean)	1.5
Healthcare regulation (mean)	1.5
Healthcare standards (mean)	1